



**Professional Association of Social Workers in
HIV & AIDS
MEMBERSHIP FORM**
Please fill out upon joining – Thank you!

Note: This form is to develop our database of membership. It may also be used if you are interested in membership and prefer to pay by check. The instructions are indicated below.

Individual	Membership Fee	# of Memberships	TOTAL
<input type="checkbox"/> Goal Setter – BSW, MSW Student <small>(must include school documentation)</small>	\$25.00		
<input type="checkbox"/> Problem Solver – Individual Membership for BSW, MSW, PhD SW	\$100.00		
<input type="checkbox"/> Allies – Retirees, Non-BSW, Non-MSW, Non-PhD SW holders	\$50.00		
Organizations – Non-profits			
<input type="checkbox"/> Categorical Assistors- Budgets less than \$1,000,000	\$500.00		
<input type="checkbox"/> Categorical Assistors – Budgets \$1,000,000 and greater	\$1,000		
Corporate			
<input type="checkbox"/> Membership	\$2,500.00		
Subtotal			
TOTAL DUE PASWHA			

Membership Information (Attach list of members being covered through this membership form – if from same organization, please include email address, title, license level, degree level if social worker. If Allied, please indicate field.

Name	
Organization	
Address 1	
Address 2	
City, State, Zip	
Work Phone	
Fax	
Home Phone	
Cell	
Email	
Degree	
License	

All checks should be made payable to PASWHA. Please mail checks to: PASWHA, c/o Collaborative Solutions, Inc., P. O. Box 130159, Birmingham, AL 35213.
Any questions email: tony@paswha.org